We are very pleased to welcome you to London Warriors Basketball Club. If player is under the age of 18 - this form is to be completed by the child’s/ parent or guardian. Membership is registered **only** on completion of this form **and** club subscription is paid. Players are **only** insured if they are a current member of **Basketball England**. The Club is **not** responsible for children who are **not** club members or participants in other club activities.

|  |  |
| --- | --- |
| *Basketball England* ***Membership number*** | ***A*** |
| *Basketball England* ***Licence number*** |  |

## *Official Club use;*

## Team Age:

## PLAYER’S DETAILS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full Name |  | Date of Birth |  | |
| Gender |  | Place of Birth |  | |
| Age |  | Nationality |  | |
| Phone (home) |  | Phone (mobile) |  | |
| Email |  | | | |
| Address |  | | | |
| School & year group |  | Previous school (e.g. Primary) | |  |

**PARENT/GUARDIAN DETAILS Please Include Emergency Contact Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Names |  | | |
| Phone (work) |  | Phone (mobile) |  |
| Email |  | | |

Please note mobile numbers and email addresses will be used to keep you informed of information/news about the club, training and matches. We will not pass this information on to anyone else.

## MEDICAL / INJURY/DISABILITY DETAILS…

|  |  |  |  |
| --- | --- | --- | --- |
| Family Doctor |  | Phone |  |
| Address |  | | |

Please detail any medical conditions/allergies (eg. Penicillin, hay fever, food) that your child has, that we should be aware of? Please provide details of medication that must be administered

Does your child have any past / current injuries or disability that we should be aware of? **NO YES**

If yes, please provide further details:

# Ethnic Group

In order to help the Club monitor its membership please identify your child’s ethnic group.

Please circle as appropriate

Black African / Black Caribbean / Black Other / Bangladeshi / Pakistani / Indian / Other Asian / Chinese / White / Other Ethnic Group

**Additional Information**

We are constantly looking for Volunteers, Support members…

|  |  |  |  |
| --- | --- | --- | --- |
| Any Interests in the following? (Optional, please circle) | Coaching | Refereeing | Table Official |
| Club Organisation | General Assist | Team Manager |

**FEES**

|  |  |
| --- | --- |
| U10 / U12 / U14 / U16 / U18 Season fee | £450 |
| KIT reversible personalized | TBC |
| Late payment fee | £25 |

**Please select payment option**

|  |  |  |
| --- | --- | --- |
|  | 1. Full Annual fee with 10% discount | £450 will be £405. |
|  | 1. Payment in 2 halves | 1st payment of £225, 2nd payment of £225 |
|  | 1. Instalments: follow details set out in the following ‘Payment Schedule’ section   Deposit must be paid upon submitting this form. | See payment schedule |

|  |  |
| --- | --- |
| \*\*Discounts are available for siblings | \*\*1st sibling pays full fee amount of £450 (no discount)  2nd sibling pays £350  3rd sibling pays £250 |

**PAYMENT SCHEDULE – by instalments**

|  |  |
| --- | --- |
| **Deposit by 30th September** | **Monthly – 8 x Instalments starts by 7th of each month commencing October ends May** |
| £90 | 8 payments of £45 |

|  |  |
| --- | --- |
| **Bank Details for Club**  Please pay by cash or transfer to this account  Please use "Child Full name and Year group" as a ref | **Bank transfer to**: London Warriors Basketball Club (LWBC)  NatWest Bank  **Sort code:** 60-08-46  **Acct number:** 67505082 |

## TRAVEL / TRANSPORT

At times, your child may be required to travel to games, training or other events, either using public transport or private vehicles. Please read the permission options below and tick all that you feel comfortable with.

I give permission for my child to travel to/from games on public transport, as part of a group, with at least one adult per fifteen children.

|  |
| --- |
|  |
|  |
|  |
|  |
|  |

I give permission for my child to travel to/from games in a private vehicle driven by any of the coaches (all CRB checked and accredited by Basketball England), who have held their full UK license for more than one year.

I give permission for my child to travel to/from games in a private vehicle driven by another adult (eg. Parent, volunteer) who have held their full UK license for more than one year.

I give permission for my child to walk alone after the basketball session as been completed

I/or\_\_\_\_\_\_\_\_\_will collect my child after the basketball session has been completed

## PHOTOGRAPHY / FILM

LWBC is committed to the protection of children and vulnerable adults involved in sport. In accordance with our Child and Vulnerable Adults Protection Policy and Procedures, where possible we will not permit photographs, film, video or other images of children or vulnerable adults to be taken or used without the consent of the child/vulnerable adult and their parents/guardians or carers.

LWBC will take all reasonable measures to ensure any images are used solely for the purposes for which they are intended. If you become aware these images are being used inappropriately you should inform the Club Child Protection Officer immediately.

I give consent to photographing, filming or videoing my child’s involvement in any activity undertaken as part of LWBC. I agree that they may be used by LWBC to promote the club’s activities. (ie Facebook, Twitter, Instagram, Youtube, or any other relevant social media)

# COVID19

# https://www.basketballengland.co.uk/safeguarding/return-to-play-guidance/

**CONSENT** *(please read carefully)*

* I agree to my child taking part in the activities of the club.
* I confirm to the best of my knowledge that my child does not suffer from any medical condition and / or allergy, other than those listed above
* I confirm that I give permissions for transport, as outlined above.
* I understand that the Club or Organizers accept no responsibility for loss, damage or injury caused by or during attendance on any of the clubs organized activities except where such loss, damage or injury can be shown to result directly from the negligence of the Club or the Organizers.
* I have read and agree to abide by the Club's Code of Conduct to the best of my ability.
* I give permission for my details to be given to England Basketball and any other relevant organizations.
* I have read and agree to abide by the Basketball England Safeguarding directives for Covid19 to the best of my ability. I give permission for my details to be given to England Basketball and any other relevant organizations.
* By signing this, I acknowledge the charges described under the Payment Schedule and assume full responsibility of the said charges and agree to pay the required fee(s).

Signed (Parent/Guardian) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_

Print Name (Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Official club use*; Form checked by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Data Protection Act The information contained on this form will be held on a computer system. The data will only be available to coaches and officers of the Club for the sole purpose of administering Club events and affairs.

Child Protection Act: The Club has appointed an officer in accordance with the guidelines produced by England Basketball. Please contact your child’s coach for further details. NSPCC Child Protection Helpline 0808 800 500